STATEMENT OF

RECEIVED

FEC FORM 1	ORGANIZATION					2013 DE	C 18 PM 3: 19
NAME OF COMMITTEE (in	n full)		ck if name anged)		aple: If typing, type the lines.	12FE4M5	MAIL CENTER
VIGOP						1.1.1.1.1.1	
ADDRESS (number a	nd street)	PO BOX 295	5				
(Check if a is changed)		CHRISTIAN	STED			<u>''</u>	00821
				CITY		STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change)	address ed)	scott@FEC	reports.com	e-mail add	ress)	<u> </u>	
(Check if is change							
2. DATE 1	11 11	1 / 20)13,				
3. FEC IDENTIFICATION NUMBER							
4. IS THIS STATE	MENT 2	NEW (N)	OR		AMENDED (A)		
I certify that I have	examined t	his Statement a	and to the bes	st of my k	nowledge and belief	it is true, correct	and complete.
Type or Print Name Signature of Treasur	SCOT	SCOTT B M	MACKENZIE		2	Date Z	73 2013
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use					For further information Federal Election Commiss		FEC FORM 1